

Original Articles.**OVARIOTOMY FOR NERVOUS DISEASE.¹**

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I do not wish to undervalue by a thought the triumphs of that branch of our art which has made such enormous strides within the last three decades. I look upon the introduction of the principles of antiseptis or asepsis in surgery, as the only step forward at all comparable to the discovery of anæsthesia. But there may be, as has been often remarked, some disadvantages connected with the freedom from great risk; and the fact that an operation may be done with much less immediate danger to life than it would have caused twenty years ago, seems to be to some extent looked upon as a sufficient reason for doing it. I have been credibly informed that the removal of the normal ovaries is not a very difficult nor, with a reasonable degree of cleanliness, a very dangerous operation; and the history of its popularity is likely to be of greater interest to the psychologist than to the scientific surgeon who prides himself upon the knowledge and skill involved in or obtained by his operations, rather than upon the mere number of incisions or the array of specimens he can display, like the scalps hanging in the wigwag of the Indian brave.

I trust that the time has passed when normal ovariectomy can decently be urged upon a patient by a surgeon who has simply a desire to "make a record"; but I think that there is still some room for testimony as to the ultimate value of the operation from a standpoint other than that of the surgeon, who is likely to lose sight of the patient as soon as the wound has healed.

I do not pretend now to be an unprejudiced witness, though I was more nearly so a couple of years ago; but I have made up my mind decidedly as to the expediency and justifiability of removing ovaries not seriously diseased for the relief of nervous symptoms not immediately dependent upon them, and among these latter I include the so-called ovarian neuralgia or pain in the ovarian region. I have not, however, in the cases mentioned in this paper, with two exceptions, the interest of having advised either for or against the operation.

It may be admitted, moreover, that my field of observation has not been such as to furnish material for impartial statistics, since, of course, the favorable cases do not demand further treatment. I have taken some pains, however, to follow the history of a number of patients who have undergone the operation, and who have either before or afterwards been inmates of the Adams Nervine Asylum; and a few histories not immediately connected therewith.

CASE I. Miss —, physician, age forty (more or less). No signs of menopause. Had herself never suspected any disease of the pelvic organs. For some years worked very hard and anxiously, starting a dispensary and carrying it on under trying circumstances. She had been unfortunate in her domestic relations, having experienced losses, and ill-treatment of a very aggravated character. In the early summer of 1892, which was very hot, she remained at work until she went into the country to take care of a patient. There she began to lose health, and finally had

a severe fit of some kind, which seems to have been opisthotonic and was attributed by her partly to the strychnine that she was taking as a tonic. It is quite as likely, however, to have been hysterical.

In September she returned to the city, her life being considered in danger; and after three weeks in a private hospital and a consultation of several physicians, one at least of whom was far from an enthusiastic advocate of the operation in general, it was decided to remove the ovaries as a last resort. They were said to have been diseased, but I have no description of any lesion except that a cyst was mentioned. She had also a fibroid, which was not removed. She had had pains in her head and back and a defect in her vision so great as to have been spoken of as blindness. A careful ophthalmological examination revealed no visible changes. These symptoms are said to have improved after the operation, which, in a purely surgical point of view, was eminently successful. She recovered rapidly from its immediate effect, but was depressed, and her sight did not return to any useful extent.

Early in December she came under my observation. Her general condition seemed pretty fair. She had a good appetite, with only occasionally dyspeptic symptoms and usually constipation. She had at times severe pain in the back of the neck, but not often severe headache. At times attacks of "going off," in which she became bewildered and more or less delirious. On one occasion she said hundreds of little imps were saying, "Suicide, suicide," to her. Her mental condition was distinctly childish, and her attention directed almost exclusively to the history of her case, which she kept going over and over with great minuteness. Vision was much impaired. At one time she said she saw only one-half of the objects at which she was looking; but as it appeared on a little closer examination that, at one moment, the side on which she saw was opposed to that which was visible the next, the symptom lost the significance which it might otherwise have had as indicating localized cerebral disease. This mental condition grew no better, but she became more suspicious. She jumped out of a window and broke her arm, and was removed to an insane hospital, where she now is.

In a word, this case is evidently one of severe nervous break-down of the hysterical type, in which the operation, however well meant, has had no beneficial effect whatever.

CASE II. Mrs. —, teacher of music, age thirty. No children. Severe dysmenorrhœa since girlhood. In October, 1890, both ovaries were removed, there being a cyst of the right and adhesions of the left. She improved up to the next February, but entered the asylum in July, remaining until the subsequent June. During this time she gained about seventeen pounds in weight. She menstruated at irregular intervals, and with much suffering, though, as she states, less than she had experienced before. She complained chiefly of weakness, and inability to make any exertion without feeling it greatly. There was no mental affection. She has been heard from at various times, nearly up to the present, as having made no essential improvement.

CASE III. Miss —, age twenty. Was in the asylum in 1881 with severe hysteria and ovarian pain. Was operated on two or three years later. The operation was considered a success surgically, and "so far

¹ Read (in part) to the Dorchester Medical Club and to the Roxbury Society for Medical Improvement.

as nerves were concerned." Became a morphinist. Died two or three years ago.

CASE IV. Mrs. ——. In asylum in 1881. Soon after went to a private hospital, where she was operated on. She afterwards brought a suit against the hospital and against the surgeon. Presumably, the surgeon, at least, would not be willing to give a very favorable opinion as to state of her mind from the side of morality.

CASE V. Mrs. —, age thirty-four. At asylum in 1884. Moody soon after operated on. Ovaries not diseased, but badly prolapsed. Is said to have been "in a wretched state of health ever since, a chronic nervous invalid."

CASE VI. Miss —, age thirty. Was in the asylum in 1887. Was operated on a few years later. Was an invalid until she died of an overdose of cocaine. The ovaries were normal. The autopsy revealed nothing abnormal in any part of the body.

CASE VII. Mrs. ——. In asylum in 1888. Operated on later. Recent information represents her as a confirmed invalid.

CASE VIII. Miss —, age thirty-seven. Was sick twelve years, "though no one knew it." In asylum in 1889. Had been operated on two months previously, the cirrhotic ovaries and a cyst of the broad ligament having been removed. Acted strangely all the time she was in the asylum. The records show a long list of hypnotics and nervines. Has since grown fleshy, but by no means strong. Still (1892) suffers *pain in region of right ovary*. In December, 1893, she was said to have been very much better during the preceding six or eight months. Has done considerable work.

CASE IX. Miss —, age twenty-nine. Dysmenorrhœa. Both ovaries, "without pathological change," were removed together with the tubes. Came to the asylum to recover from the effects. Took a great deal of morphine. Her physician writes in 1892: "She has gained slowly but steadily for two years. If she gains as much during the next year as she has done during the last, she will be pretty comfortable." She now (1893) has the old menstrual pain twice a month, requiring morphine, and "menstruates occasionally, wasting as much as those who flow the most."

CASE X. Miss —, age twenty-nine. Was in the asylum in 1882 and 1883. After an absence of nine months she returned to the same, minus her ovaries. The ovaries were enlarged and imbedded in inflammatory exudation. Nervous and hysterical, saying that she had a misplaced womb. Pains in back and bladder. Menstruated. For several years was unable to work, but at last accounts was teaching in the South.

CASE XI. Mrs. —, age forty. In the asylum in 1884. Overwork, neurasthenia, irregular menstruation, dysmenorrhœa. "Both ovaries were removed in 1885. They were much enlarged and badly diseased. The results of the operation were good, and she has since been in a fair condition of health. For the past five years she has had charge of the management of some kind of institution for ladies."

CASE XII. Miss —, age twenty-seven. Was in the asylum in 1888, nervously prostrated, with no organic trouble. In 1892, having had her ovaries (which were cystic, hard and adherent) removed two years previously, she applied for readmission having been of late profoundly neurasthenic and losing flesh

rapidly. In 1893 her "symptoms had somewhat diminished in intensity by operation, but the character of them had not been changed, except that the abdominal pain of which she complained so bitterly is now a factor of little importance."

CASE XIII. In 1892 application was made for the admission of a married woman, age thirty-four, with neurasthenia and adynamia for more than a year. Her uterine appendages were extirpated a little more than two years before, with "improvement in some directions."

CASE XIV. Another applicant (married, age forty-three) has lately had her ovaries removed, and is now suffering from the shock of the operation.

CASE XV. Another application from a patient who had had the uterus and ovaries removed. Was probably in a condition of incipient melancholia.

CASE XVI. Mrs. —, age thirty-seven. Was at the asylum in 1888, a few months after having had her ovaries and tubes removed. There had been a long history of pelvic inflammation, and the organs were diseased and adherent. She never fully recovered from the nervous shock, but some of the symptoms were slightly relieved by the operation. At the time of her entry, her physician stated that she had been suffering many of the ills of the change of life. She herself said in September that she had had pelvic peritonitis three times since April.

CASE XVII. Miss —, age thirty-three. Was in the asylum in 1890, with neurasthenia, depression, headache, spinal tenderness and too frequent but scanty menstruation. Her cystic ovaries were removed; and her physician states that she is not much improved as to her neurasthenia, perhaps a little. Certain local symptoms are better.

CASE XVIII. Miss —, age thirty. Never well since seven. Lost eyesight at that time. Diphtheria with paralysis at the age of fourteen. A cyst of one ovary removed four years ago, the other ovary one year ago. Uterus stitched to the abdominal wall. She now enters the asylum for neurasthenia, and has made little, if any, improvement.

CASE XIX. Mrs. —, age forty. Invalid for nine years. Nervous at menstrual epochs. Apparently some metritis. Discharged from Adams Nervine Asylum somewhat benefited. After remaining in bed for more than three years longer, her healthy ovaries were removed. "She made an uneventful recovery from the operation; and since then she has been a well woman," doing her own work, making calls and so on.

CASE XX. Miss —, age twenty-nine. Severe dysmenorrhœa and hysteria. Dilatation of cervix without relief. Remained in the Adams Asylum over ten months. Upon her own decision both ovaries were removed on November 2d. They showed some degree of cystic degeneration. There was no local trouble afterward; but she fell into a condition of "stuporous melancholia," and died on November 9th. The autopsy showed absolutely nothing abnormal.²

CASES NOT OPERATED ON.

CASE A. Mrs. —. Four children. An anxious mother, nervous, with profuse menstruation amounting nearly to menorrhagia. She was seen by a physi-

² Since the MS. of the above left my hands, another case has appeared, both of whose diseased ovaries were removed in October or November. "She does not rally from the operation . . . and in my opinion a few weeks of rest and freedom from care will enable her again to become self supporting." Would that our experience enabled us to share in her physician's hopeful view!

cian (who now figures as Case I on my list), who, with another lady called in consultation, was anxious for the operation. Mrs. —, at my request, visited another well-known surgeon, who, without absolutely declining the operation, spoke so doubtfully of its probable benefits that she concluded to wait. In the mean time circumstances having prevented anything from being done immediately, nothing was done at all. She now for some reason or other, perhaps from a dearth of medical attendance, for a portion of which I was responsible, is very much better, and retains all her pelvic viscera.

CASE B. Miss —, age thirty-six. Chronic intestinal catarrh for eight years. Abdominal neuralgia for six years. Tingling, numbness, and pain all over body, but especially in extremities. At the urgent request of the patient and somewhat against his own judgment, an abdominal incision was made by a well-known gynecologist; and nothing wrong being found, with praiseworthy self-denial, he declined to remove anything. The moral effect boasted of in these cases did not ensue; but a new anxiety was added to the former symptoms, that is, that adhesions might have taken place which were the cause of the additional pains, now constantly located in the neighborhood of the incision, which she was willing to have repeated on the chance of relief.

CASE C. Mrs. —, age thirty-one. Two children. Has suffered much at the hands of the general practitioner and gynecologist. Entered the asylum with severe abdominal pains. A tumor of a Fallopian tube had been diagnosticated and an operation planned. In the absence of the first surgeon, and (on account of fever) the operation being considered urgent, it was done by another. Nothing whatever was found in the tube. The second surgeon told me that he thought it more probable that there had been an accumulation of serum which had escaped into the abdominal cavity (there having been no gush from the uterus) than that the first surgeon had been mistaken in his diagnosis. This is a point on which there appears to me to be room for two opinions. After recovery from this operation the pains remained as before. A year after much better.

These cases were collected with the object of throwing light upon this operation solely from a neurological point of view. The removal of the pelvic organs for surgical reasons is an entirely different matter, although, of course, there may be cases which involve both. I believe that in these the surgical considerations should predominate; and in proportion as nervous symptoms can be clearly shown to depend upon definite lesions of a character which are not likely to recover without an operation, just so increases the justifiability thereof. Unfortunately, we cannot say so much for the prospect of a cure. There are two, possibly more, cases in this list of this character (Nos. X and XVI). For others, where the ovaries are healthy, or nearly so, as far as can be ascertained without removing them, the operation finds but little support from this series, which is to be regarded, however, as consisting of illustrations rather than as making an important addition to statistics already perhaps sufficiently numerous and decisive. The list of five thus marked furnishes the only complete and decisive recovery apparently due to the operation (No. XIX), one invalid still suffering from dysmenorrhœa, one death from cocaine, one death from

the operation, and one case of apparently hopeless insanity. The nine cases in the second and third columns give eight invalids, one of whom is able to do a little work, and one teaching after some further years of invalidism.

It would have been easy to add dozens if not hundreds of cases from the literature of the last few years; but the truth is not to be sought in the reports of operations called "successful" because the wound has closed without unfavorable local conditions. Then, indeed, they do appear in a more favorable guise, being discharged perhaps as "needing only rest and feeding" to complete the cure, until they are again found in the beds of hospital after hospital or doomed for years, if not for life, to the reclining-chair of the chronic invalid.

SUMMARY OF CASES OPERATED ON.

Cases.	Normal Slightly Cystic.	Indurated.	Old Inflammatory Adhesions.	Unknown.	Results.
1	×				Insane.
2		×			Chronic invalid. Menstruated with pain (two years ago).
3				×	Died after some years of invalidism of chronic morphia, pulmonary tuberculosis, and ne-
4				×	? [crosis of spine from an accident.
5		×			Chronic invalid.
6	×				Chronic invalid. Death by cocaine.
7				×	Chronic invalid.
8		×			Chronic invalid.
9	×				Invalid. Improving slowly. Menstruates with pain.
10			×		Invalid some years. Now teaching.
11				×	Fair health.
12		×			Invalid. Does some work.
13				×	Invalid.
14				×	Invalid.
15				×	Melancholia?
16			×		Invalid.
17	×				Invalid.
18		×			Invalid.
19	×				Well woman.
20	×				Died a week after operation.

REMARKS ON DIPHTHERIA.¹

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THE marked prevalence of diphtheria in this city is sufficient reason for an investigation of the prevalence of mild cases of the disease, which are not recognized, and which, therefore, become sources of infection. It is a well-recognized fact that a mild case of any infectious disease is a greater source of danger to the public health than the severer cases. There are many instances in which the local manifestations of diphtheria are so slight that it is impossible to arrive at a positive diagnosis without a bacteriological investigation.

Since 1878, when there were 1,370 cases, the fre-

¹ Read at the meeting of the Boston Society for Medical Observation, November 6, 1893.